VOL. XXVIII, No. 9 SEPTEMBER, 1907

The California Medical Journal

D. MACLEAN, M. D., EDITOR.

Published Monthly San Francisco, Cal.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine; (each fluid drachm contains the equivalent of 1-64th grain of pure Strychnine).

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

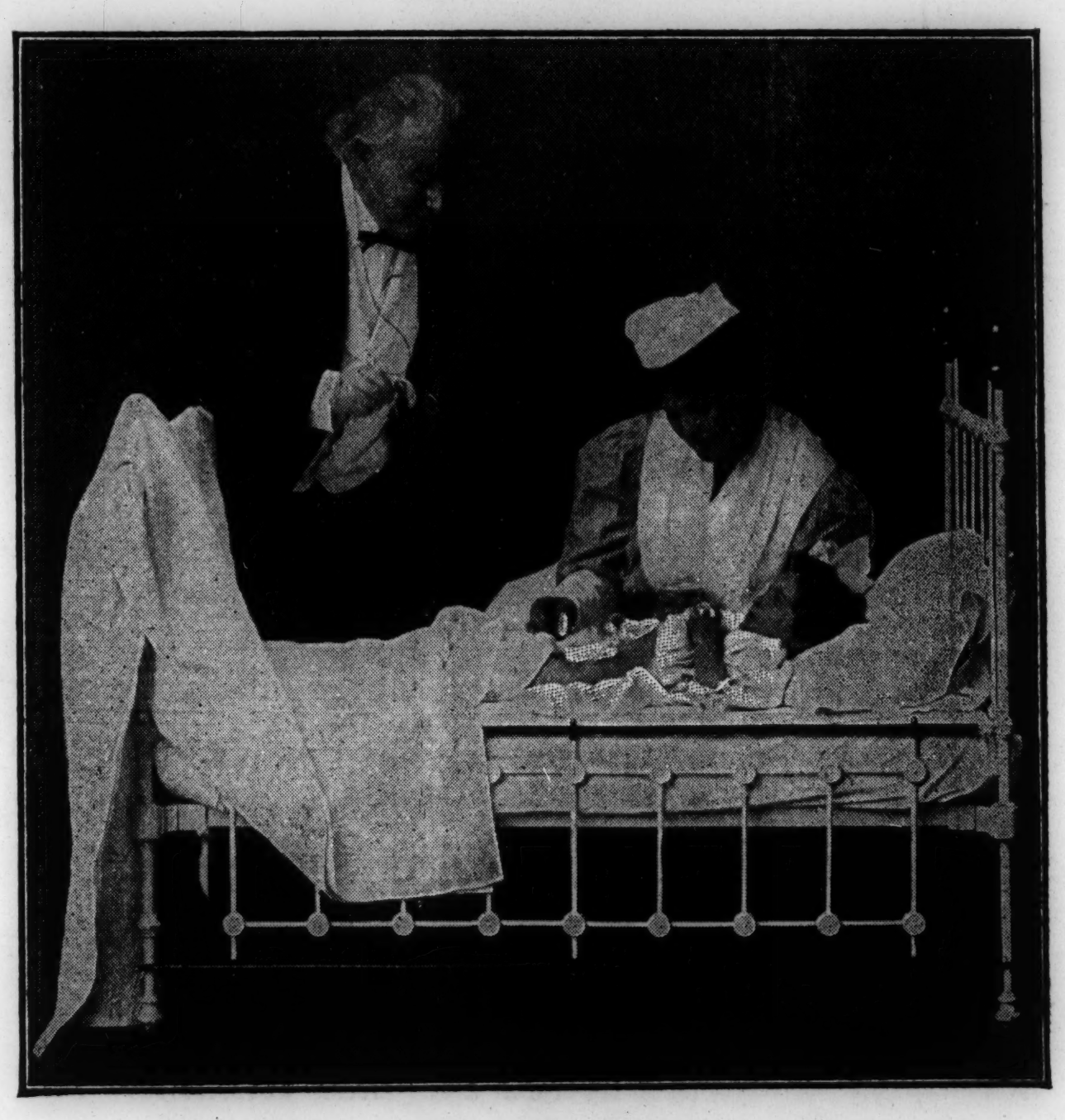
As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

This preparation can be procured at all chemists and druggists, everywhere.

Antiphlogistine

(Inflammation's Antidote)

AN IDEAL ADJUVANT



For Abdominal Pain and Visceral Inflammation

A rational method of treating locally all forms of disease in which inflammation and congestion play a part.

The Denver Chemical Mfg. Co., New York

Not One "Sticker" in All America.

Every Wholesale Druggist in America has since January 1st purchased full lines of *Specific Medicines* and our *specialties*, assayed and newly labeled in accordance with the National Law.

No "stickers" are on any of our preparations. *Not one Sticker in all America.* Every bottle, carton, and box from our establishment bears a regulation label *as the National Law demands.*

Every preparation of our make in any jobber's stock can be sold either now or after October 1st, 1907, in any territory or inter-State commerce anywhere.

Every bottle is labeled so that it can be *dispensed or compounded from in confidence*, now and hereafter.

Demand an original bottle properly labeled, sealed, and cartoned. Do not accept an opened package from anyone, or a fragment of anything we make. After opening the bottle, replace the broken cork with a new one.

Observe that the original bottle, the wrapper, and the box, is, each of them, labeled as the law demands.

Keep the medicine in the *original container* and after use cork the bottle well.

So far as we know, every preparation bearing our label, in every jobber's stock in America, complies in substance and label with the National Law.

NOT ONE "STICKER" IN ALL AMERICA.

LLOYD BROTHERS, Cincinnati, Ohio.

CALIFORNIA MEDICAL JOURNAL

Entered at San Francisco Post Office as Second-Class Matter.

Contents:

ORIGINAL AND SELECTED.

THE GOODNESS ISN'T THE GREASE

There are just two things about cod liver oil—goodness and grease. It used to be thought that you couldn't get the goodness without the grease. That's wrong. The goodness isn't the grease. It is no more necessary to swallow the nauseous grease of cod liver oil to get the valuable principles, than it is to eat the shell of an egg to get the meat. Right there you have the whole secret of the incalculable value of

In extracting the valuable properties from the grease, nothing is lost in the process; you get all that cod liver oil is famed for, joined with the hypophosphites of lime and soda in a pleasant cordial, without a trace of the dreaded taste. No grease—no fishy odor.

PRESCRIBE CORD. EXT. OL. MORRHUAE COMP. (HAGEE)

and judge of the merits by results. ***Put up in 16-oz. bottles only.***

Katharmon Chemical Co. ST. LOUIS. MO.

CHIONIA

The Hepatic Stimulant

Prepared from Chionanthus Virginica Expressly for Physicians' Prescriptions

Chionia is a gentle but certain stimulant to the hepatic functions and overcomes suppressed biliary secretions. It is particularly indicated in the treatment of Biliousness, Jaundice, Constipation and all conditions caused by hepatic torpor.

DOSE—One to two teaspoonfuls three times a day. Put up in 1-2 pound bottles only

Free samples to Physicians upon request

Peacock Chemical Co., St. Louis, Mo.
Pharmaceutical Chemists.

PEACOCK'S BROMIDES

THE BEST FORM OF BROMIDES

Each fluid drachm contains 15 grains of the neutral and pure bromides of Potassium, Sodium, Ammonium, Calcium and Lithium.

In Epilepsy and all cases demanding continued bromide treatment, its purity, uniformity and definite therapeutic action, insures the maximum bromide results with the minimum danger of bromism or nausea.

DOSE—One to three teaspoonfuls according to the amount of Bromides desired. Put up in 1-2 pound bottles only. Free samples to the profession upon request

Peacock Chemical Co., St. Louis, Mo.
Pharmaceutical Chemists.

SENG

A Digestive Secernent

A preparation of Panax (Ginseng) which is being successfully employed to stimulate the secretory glands of the alimentary canal. Indicated in Indigestion, Malnutrition, and all conditions arising from a lack of digestive fluids.

DOSE—One or two teaspoonfuls three or more times a day

PUT UP IN 10 OZ. BOTTLES ONLY

Free samples to Physicians upon request

Sultan Drug Co., St. Louis, Mo.
Pharmaceutical Chemists

CACTINA PILLETS

A Cardiac Tonic Stimulant

From Cereus Grandiflora (Mexicana)

Each Pillet containing One One-Hundredth of a grain of Cactina

Indicated in functional cardiac troubles, such as tachycardia, palpitation, feebleness; and to sustain the heart in chronic and febrile diseases. It is not cumulative in its action.

DOSE—One to three Pillets three or four times a day. Put up in bottles of 100 pillets

Free samples to Physicians upon request

Sultan Drug Co., St. Louis, Mo.
Pharmaceutical Chemists

A Therapeutic Crutch

In feeble old age and in all cases of chronic weakness Colden's Liquid Beef Tonic, when administered in doses of two tablespoonfuls ten minutes before each meal, acts as a therapeutic crutch. It supports and uplifts the enfeebled organism by increasing the activity of the nutritive processes.

Colden's Liquid Beef Tonic acts on the entire digestive tract. It sharpens the appetite and increases the quantity and quality of the gastric juice. Food is better digested, nutrition is improved, a feeling of well-being is produced, and the declining years of life are made more comfortable. Write for sample and literature. Sold by all druggists.

THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 FULTON STREET, NEW YORK

Dr. Deimel Underwear
(LINEN-MESH)

Best for Fall and Winter, both from the standpoint of healthfulness and comfort,

It insures freedom from Colds, keeps the body uniformly warm, and gives tone and vigor to the entire system.

Write for Literature and Full Particulars.

Deimel Linen-Mesh Co., 1107 Van Ness Ave. San Francisco, Cal.

—BRANCHES:—

NEW YORK, WASHINGTON, D. C., BROOKLYN, BALTIMORE, DETROIT, MONTREAL, CAN., LONDON, ENG.

Dr. Deimel Linen-Mesh Supporters, Suspensories, etc., are made and sold exclusively by J. ELLWOOD LEE CO. Conshohocken, Pa.

California Medical Journal.

Vol. xxviii. SEPTEMBER, 1907. No. 9.

A "Shot-gun" Remedy for Rheumatism.

BY JOHN ALBERT BURNETT, AUBURN, ARKANSAS.

One among the best "shot-gun" remedies for rheumatism is as follows:

R Potassium iodide
Fl. ext. phytolacca
Fl. ext. colchium, aa dr. ij
Fl. ext. cimcifuga (macrotys)
Sodium salicylate (true) aa dr. iv
Simple syrup, q. s. oz. vj

Sig. Dose, one teaspoonful every three, four, or six hours.

The value of potassium iodide is well known to most physicians in rheumatism. It has proved to be of value in many cases of rheumatism, and its alterative action makes it useful in most cases, besides it increases the action of many other remedies when combined with them. Most farmers know the value of poke root in rheumatism. I have been told by numerous farmers that they had cured themselves with poke root. They dig poke root and put it in whiskey and take it liberally. I have never known one to get poisoned on it and doubt it being a deadly poison. I have known several to get enough to cause vomiting and make them quite sick.

Colchicum is a very valuable remedy for rheumatism although it is not known as well as it should be. Most physicians use it in the later stages of rheumatism but it will prove to be of value in almost any case of rheumatism when properly used. It will relieve most all forms of rheumatic pains when pushed to free cathartic action which will require from 5 to 10 drops of the fluid extract.

When using colchicum it should be remembered that when pushed to free cathartic action it will make a patient

very sick, but by the time they get over the sick spell caused by the medicine the disease is generally relieved, especially temporarily at least.

Cimicifuga racemosa, which is also known as macrotys racemosa, is an old remedy for rheumatism. It is not only of value in rheumatism but for most all pains of rheumatic character. I have seen it claimed that it would benefit any pain from the top of the head to the sole of the foot.

Sodium salicylate is the best known remedy for rheumatism and is used more for this complaint than any other remedy.

In the prescription I mention sodium salicylate true, which means the true sodium salicylate made from oil of wintergreen. It is far superior to the synthetic preparation. Sodium salicylate is often used in rheumatism like quinine is often used in malaria, that is by the system not being prepared for its use, as when sodium salicylate is used in rheumatism or quinine used in malaria, they should be preceded by a chologogue or combined with one.

In this prescription each remedy assists the action of the other and it is a good prescription to relieve temporary or for a permanent cure.

Recumbency in the Treatment of Infantile Paralysis.

BY ADONIRAM B. JUDSON, M.D.

In the ever-changing treatment of disease the influence of environment is receiving unusual attention, as is seen in the management of tuberculosis of the joints. The influence of the lapse of time is also better understood. Medicines are given in small doses for very long periods, and the effects of time on the body are more clearly seen to influence the course of disease and the action of remedies.

In the treatment of infantile paralysis I propose a method which relies exclusively on the influences of environment and the lapse of time. It is applicable only in the very early stage, before the case is likely to be seen by an orthopædic surgeon. As soon as the disease is recognized I would limit the patient to the recumbent position till there is no possibility of further recession of the paralysis. The period of spontaneous recession extends over several months. During this time the difficult task must be undertaken of keeping a child, well in every other way, off his feet at an age when he should be learning to walk. In some cases 18 months should be occupied in this way. The common belief that such a patient requires exercise, especially of the affected limbs, will give rise to criticism and objections. A simple argument will not prevail in the family circle, and the physician's word will hardly prevent the little patient from having many a romp. And when

the case ends there will be differences of opinion. If some lameness results, it may be said that the patient should have had more exercise, and if there is no disability at all, after the strict observance of recumbency, it may be said that there had been very little the matter with the child.

The argument is as follows: It will be recalled that the ill effects of joint disease are seen more commonly in the lower extremities than the upper because tuberculous action is subject to resolution in the epiphyses of the shoulder, elbow and wrist, but often goes on to destruction of the articulating surfaces of the hip, knee and ankle. And when it is noted that the arms are free while the legs bear the weight of the body it is reasonably inferred that the joints of the lower extremities when affected, or even suspected, should be protected by either recumbency or appropriate apparatus. The conclusion is a plain proposition and needs no discussion or verification. It shares the simplicity of Jenner's argument when he traced the relation of cause and effect and prescribed vaccination. In another field Finlay, walking with his eyes open, apprehended the relation of cause and effect and prescribed the sequestration of the mosquito.

The necessity of reforming the environment of the lower extremities having been derived from clinical observations of joint disease, can practical conclusions be drawn in a similar manner from observing the course of infantile paralysis? Disability from this disease is seen eight times as often in the lower as in the upper extremities, and yet in the early stage the paralysis is found in all parts of the motor nervous system. The muscles of the recumbent patient are in very moderate use and in a position entirely favorable to spontaneous recession of the paralysis. The arms and hands retain this advantage when the patient is erect, but the impaired muscles in legs and feet give way at once when they meet the resistance of the weight of the body. They rapidly become elongated and attenuated, and could not well be placed in an attitude more destructive of the possibility of restoration.

When prescribed recumbency shall give to all parts the same environment, recession of paralysis will be equally encouraged in the lower and upper limbs, the disproportion of 8 to 1 will disappear, and the sum of deformity from this disease will be materially reduced.

The value of the method is thus *proved*, but it is not readily *demonstrated*. When comparing methods it is not easy to show that one is better than another. It may always be said that a case cited in behalf of a certain method may have been one that would have done well under any treatment. Tables of carefully recorded cases might lead to correct estimates, but studies of this kind are difficult and have not escaped criticism. Dr. Gaillard Thomas said, with wit and wisdom, that if there is anything more misleading than facts it is figures. Medicine and Surgery are still outside of the realm of exact science. There-

fore we welcome every logical and reasonable resource of prevention and treatment.

Passive motion, resistance exercises, electricity, massage, local applications and judicious medication should be continued. They cannot interfere with the treatment proposed, and their observance may make it easier persistently to maintain recumbency, the most important agent of all.

Conditions Governing the Selection of a General Anesthetic.

BY WILLIAM C. WOOLSEY, M. D., BROOKLYN, N. Y.

Consideration of this subject is not undertaken on account of any lack of literature upon it, but because despite that abundance of literature, many of us still insist upon being mono-therapists in this particular line of work. The ether enthusiast insists upon using ether under all circumstances of patient and surgery. The N_2O_2 adherent expects too much of his ever safe gas and so on.

The particular point of view intended for this reading is:

a. That the production of general narcosis under all conditions of body and mind with the same anesthetic agent is obviously not doing justice to the art, nor taking advantage of the knowledge we possess, gleaned of much investigation and labor.

b. That each pathological condition, as well as each particular patient, presents certain special indications for selecting some particular anesthetic agent in preference to some other.

c. That any man controlling the administration of an anesthetic, should be familiar with those special indications just as surely and thoroughly as he should be with the facts governing the intelligent use of any drug in preference to some other, for example, digitalis instead of strychnine as directed toward improvement of cardiac function.

d. That the improvement and progress of the art of administering an anesthetic is no less due to the selection of the proper and appropriate agent than the adoption of some particular method of administration.

Bearing these facts in mind and appreciating the necessity of making more safe the anesthetic state and less uncomfortable the induction of it, we cannot, at this time, advocate for either student or anesthetist, the learning of the use of one narcotic agent and the administration of that skilfully and always, nor can we be satisfied with the present methods of instruction that student in college or interne in hospital receives, excepting in the few instances.

Fortunately, in the vast majority of operations all of the recognized methods of anesthesia are compara-

tively safe, but nevertheless in a certain number, and by no means a small number, the life of the patient depends upon the proper choice of the anesthetic, as well as the technique of its administration.

To many the warning against the use of chloroform in reducing dislocations of major articulations is not necessary, neither against the use of ether in the presence of some catarrhal condition of the bronchial mucous membrane, yet to a great number of ultra-enthusiasts for some one agent of anesthesis, such warning is necessary, as a tendency exists to expect one anesthetic equal to all conditions of patient and surgical work, regardless of special indications.

. This paper fails in its mission if it falls short of rousing into special activity the knowledge you already possess or perchance at this time acquire, relative to the careful consideration of the particular patient in hand, the surgical work to be accomplished, the extraneous circumstances necessarily present and applicable, when selecting an anesthetic.

Being called upon to go out of town for the purpose of administering an anesthetic to an extremely sensitive and fearful woman I was informed on my arrival, by the physician in attendance, that my subject would take nothing but chloroform, and that only when given with a rapidity suiting herself. After a combined mental and physical struggle lasting twenty minutes, accompanied by the rendition of some nursery rhyme music by her family physician, I finally succeeded in forcing my position and accomplishing the object desired. No doubt the doctor's singing smoothed over that twenty minutes' mortal agony for the woman, but will any one deny that its elimination entirely, by the use of one of the hyper-volatile anesthetic agents as an initiative to the narcosis, was the scheme par excellence under the circumstances, and furthermore, such a nervous, intermittent and irregularly breathing patient was the very worst type for chloroform, and I wondered greatly that, despite the music, some severe circulatory disturbance did not present itself.

The foregoing paragraphs are sufficient I think to make clear the position I wish to emphasize, relative to the particular point of view indicated by the title selected.

I. CONDITIONS GOVERNING THE SELECTION OF ETHER.

Allow my first consideration to be that of ether in this light: No other agent of complete general narcosis fulfills so many purposes in so satisfactory a manner; it has fought its way to the front in the very strongholds of chloroform and I doubt not occupies a place in the confidence of many of my hearers, precluding any effectual argumentative assault.

Its position as a general anesthetic, justifies its early consideration where any complete prolonged anesthesia is demanded. We think first of ether and justly so.

Conditions of shock, such as that of perforative appendicitis or that asso-

ciated with severe accident traumatism, present vasomotor disturbances, which strongly plead for the stimulating ether in preference to depressing chloroform, and to use chloroform under such surgical circumstances, has no pardoning defense.

A condition often under consideration, where a general anesthetic is to be administered is that of slight or grave nephritic disease—much stress has been laid on the belief that ether was always unfavorably active with both pulmonary and kidney tissue, but contrary to the latter part of that belief, to-day the preponderance of evidence points decidedly to the conclusion, that chloroform produces more constant and more lasting effect upon the nephritic glomeruli than ether.

Choice between the two great anesthetics in nephritic disease should depend on the secondary effects of that disease as present in each particular patient. In the case of a nephritic patient with evidence of cardiac degeneration, where the heart and circulatory system is the dominant pathological condition by all means select ether. On the other hand, with decided tendency toward serous exudation into subcutaneous tissues, past or present, select chloroform and avoid the possibility of causing a pulmonary edema.

Possibly more often than disease of kidney does disease of the heart enter into the question of choosing an anesthetic. With Spencer (*Amer. Med.* Vol. VI, No. 2), when I am called upon to give an anesthetic, I am pleased to learn that the patient has a feeble heart, if it is not due to fatty change. Such do well under ether without stimulation.

H. C. Wood ("Therep., 1905) boldly states that "no condition of the heart is an absolute contra-indication to the administration of an anesthetic," and recalls the fact that the cases fatally affected by an anesthetic are not those with recognized disease of vital organs, but the supposedly healthy ones.

As a rule in all cases of weakened and diseased *heart muscle*, from whatever cause, chloroform is decidedly dangerous; ether is not so. Loud, distinct valvular murmurs are usually associated with efficient compensatory muscular hypertrophy and with any reasonable care, an ansethetist may feel comfortably secure with ether.

While on the subject of cardiac disease in its relation to anesthesia it seems in place to note the difficulty encountered with any anesthetic, when administered to an excessive user of tobacco. Hewitt believes that a C. E. mixture works more satisfactorily with them than either chloroform or ether alone.

Operative measures on the respiratory passages of too short duration to demand tracheal administration, offer conditions met by ether, inasmuch as its prolonged effect after the cessation of one administration carried well to the point of surgical narcosis, affords ample opportunity of work of from five to eight minutes' duration.

The choice between ether and one of the hyper-volabile anesthetics for

the removal of adenoids and tonsils, depends almost solely on the skill of the operator, or perhaps I might say the speed of the operator; ethyl chloride or somnoform, with its two to three minutes of post anesthetic analgesia, is sufficient for rapid tonsilectomy, but entirely inefficient for the more time consuming work of the non-specialist. N_2O_2 in connection with this particular work I defer for the later consideration of that gas.

In empyema, any agent which retards the action of the respiratory muscles or center, as is the case with chloroform, is contra-indicated; the number of deaths resultant from chloroform anesthesia in empyema of children warns one against its use, despite the associated pulmonary condition. The short ether anesthesia is preferable if one cannot get sufficient analgesia from ethyl chloride, or cocaine locally. A high grade of dyspnea suggests local anesthesia only.

The objections to ether in brain surgery no longer hold and Cushing strongly recommends it instead of chloroform.

Mr. Richard (*Lancet*, July 11, '03) firmly recommends in rectal disease, not associated with pulmonary tuberculosis, the gas-ether sequence, with a later change to chloroform if the ether fails to produce the required muscular relaxation and analgesia of the hypersensitive parts in question.

The selection of an anesthetic in grave anemias is a matter of importance. DeCosta and Kalteyer (*Amer. Medicine*, May 18, 1901) produce evidence that removes beyond doubt the observation that ether causes actual destruction of hemoglobin and to such a degree that its use in patients whose hemoglobin registers 40 per cent. or less is decidedly dangerous. Even with 50 per cent. the demand must be imperative.

At times it has occurred to me to wonder, if in some of our unexplained deaths occurring after operation, whether this hemoglobin destruction taking place in a patient already depleted of half of his normal supply, was not at least a contributory factor.

The common practice of selecting chloroform as the anesthetic in infants and children meets with no decided statistical antagonism, yet not a few times we have noticed rather severe circulatory depression and suffered a moment or two of apprehension. Ether on an open mask for children is better policy, and the drop by drop method of using chloroform is more productive of danger than the intermittent administration in children.

In ophthalmic surgery, on account of the pupil being unavailable, and also on account of the less evanescent anesthesia, ether is preferable to chloroform where any lengthy narcosis is desired.

II. CONDITIONS GOVERNING THE SELECTION OF CHLOROFORM.

That there certainly exists some special idiosyncrasy among native-born Italians which is not eliminated by residence in this country, resulting in a tolerence for chloroform and an antagonism for ether is undoubted. A fair trial with many such Italians

has led me to select chloroform, as a routine, when administering to them a general anesthetic—special circumstances not dictating the contrary.

The peculiarity might be explained by the universal hardihood of the class we meet with in this country, their predominant occupation being of a manual nature, and requiring them to live constantly in the open. Such being the case or not, the fact remains that with the ordinary run of Italians ether presents all of its toxic effects and those exaggerated, while chloroform seldom seems too depressant and produces no untoward symptoms of any description.

It is not in ignorance of your familiarity with certain elements of this subject that I incorporate them in this reading, but when we no longer see that familiar sight of a strong athletic patient being asphyxiated into submission by can after can of ether, then will I consider such detail out of place. The practice still is with us and no amount of repetition is too wearisome, if it can be eliminated.

I refer to that class of patients notable for their adiposity, short neck, plethora and alcoholism. The administration of ether to them tests the patience and skill of the best anesthetists. No middle path between partial anesthesia with active reflexes on the one hand and deep cyanosis with obstructed breathing on the other, can be found. They are either dangerously asphyxiated or moving all over the table, their bronchial mucous membranes are hyper-sensitive and quantities of mucus inundate their breathing spaces. The whole picture plainly says that either ether is not the anesthetic suitable, or the administrator doesn't know how to handle it. The latter granted to be true in a certain proportion of cases, yet there are many which baffle the efforts of the best anesthetist, and in whom ether certainly is not a suitable anesthetic. Some of these cases, either by history or their general physique, can be recognized beforehand and wise selection will dictate the use of chloroform or some of its modifications. If not recognized prior to the beginning of the narcosis, any observant anesthetist will soon discover the early paralysis of the epiglottis and tongue occurring long before any satisfactory degree of surgical narcosis is established and experience, if not the word of his predecessors, will teach him to change his anesthetic either by the addition of O_2 or completely to chloroform.

Chloroform in the athletic alcoholic is more strongly indicated than with any other class of patients. Here the drug reverses itself and acts as ether does with ordinary cases (Gwathmey). In all cases of goitre chloroform is the only logical anesthetic.

Willy Meyer's combination of ethyl chloride, chloroform and ether, known as "anesthol," both theoretically and practically appeals to me as an ideal anesthetic in obstetrical operative work—its evanescent narcosis, when given intermittently, allows of the controlling of pain in the second stage of labor, when the head is on the perineum, better than chloroform and need not produce the uterine inertia

that chloroform usually does. Consciousness is early eliminated and quickly restored, a self-evident recommendation for its selection in these cases.

No one doubts the pre-eminent safety of N_2O_2, yet, its use is limited by neglect of the majority. Its field is extremely large and takes in those minor surgical conditions which are major enough to the patient who has to stand the associated pain.

One physician I know always held that the pain associated with the incision of a felon was psychologically of benefit to the patient, until he was placed in the same position himself, thus transposing the psychology to his side of the question. Since that time he has employed N_2O_2 before putting a painful interrogation to his patients.

Very few contra-indications to the use of N_2O_2 are recognized. Children before the age of eight or ten with their small pharyngeal space and elderly people with sclerosed arteries, in whom we fear cerebral hemorrhage, represent the contra-indications of the extremes of llfe. The aged, however, in whom we have no reasonable fear of inter-cranial trouble, constitute its greatest field, perhaps, as with them particularly can lengthy periods of anesthesia be satisfactorily maintained. The choice of N_2O_2 in adenoid and tonsilar removal is, I believe, contra-indicated on the ground that to the necessary asphyxia of the gas may be added the respiratory obstruction from blood in the pharynx, producing a combination of conditions causing dangerous asphyxia.

An exception to this might be recognized in the case of skilled operators, who can snip out tonsils and adenoids in the very short period of anesthesia following one administration of the gas, but even with such speed, secondary inspection or removal of roughened edges is hardly possible without a second administration, and therein lies the danger.

Obstruction of the mouth and nose from any inflammatory process should be considered as prohibitive evidence against the selection of gas, for eg. angina Ludovici.

There are few valid excuses for subjecting any woman to the unpleasantness of ether or chloroform for the eight to twelve minute anesthesia necessary in doing an ordinary curettage. For five years at least every curettage done in Dr. Jewett's Sanitarium has been done with a N_2O_2 anesthesia, and its satisfaction justifies its continuation.—*New England Medical Monthly*.

Premature Labor.

D. MACLEAN, M.D.

There are various causes which may necessitate the induction of premature labor. This article, however, only refers to a case in practice.

The writer was consulted by Dr. S. in a case three months' pregnant.

The history of the case was that the patient several years ago carried

a child to full term. Labor was difficult, and a consultation of a number of physicians decided that the best and safest method of procedure was crainotomy. The operation was successfully performed, with considerable injury to the uterus and vagina. A year later she became pregnant again, but being informed by her former physician that if she carried to full term it would prove fatal; an abortion was performed between the second and third months.

After she became pregnant the third time, Dr. S. called the writer in consultation. I made a careful examination and found a generally contracted pelvis, male type; all the diameters contracted, but especially the anterior-posterior diameter. Otherwise the patient was normally developed, healthy, vigorous and well nourished.

She and her husband were extremely anxious to have a child. I discussed with them the risk of Cæsarean section, symphysiotomy, and induction of premature delivery, and advised premature delivery as the safest procedure.

The patient was placed on a cereal and fruit diet; no animal food. At the end of the thirty-third week proceeded to induce premature labor, using the ordinary antiseptic precautions, bichloride douche 1 in 4000, and thorough vaginal scrubbing; then introducing a No. 10 bougie to its full length, and packing the vagina with iodoform gauze, slight labor pains were produced. After twenty-four hours the bougie was removed, a vaginal bichloride douche given, and another sterilized bougie inserted, which brought on more active pains. The patient was delivered of a four pound boy within forty-eight hours after the introduction of the first bougie.

The child was wrapped in cotton and placed on hot water bottles to keep it warm. It was thus kept as long as thought necessary. The boy is now nine months old lusty and vigorous.

The only point in this case is, that in contracted pelvis and deformities, premature delivery should be resorted to more frequently in the interest of both mother and child.

Surgical Suggestions.

Persistent suppuration in a mastoid wound in most cases, means dead bone at the bottom of the cavity.

To relieve the edema following a hemorrhoid operation, apply a glycerin dressing covered with rubber protective.

Three or four drops of peroxid of hydrogen in the ear followed five minutes later by thorough syringing with boracic acid solution, will readily remove any impacted cerumen.

Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.—*American Journal of Surgery*.

The

Acute Digestive Disorders

Of **Summer and Autumn—"Summer Complaint"** unless properly treated are likely to be followed by impaired digestive function of a more or less permanent character.

These **acute disorders yield promptly to** appropriate treatment and

ALKARHEIN

(Alkaline Elixir Rhubarb Compound with Pancreatin)

is the **simplest** and **most efficient** of **common-sense remedies** for this condition.

Each fluidounce represents Rhubarb 20 gr., Golden Seal 10 gr., Sodium Bicarbonate 10 gr., Pancreatin 8 gr., Cinnamon 10 gr.

It has been successfully used by thousands of physicians during the past twenty-five years.

Write for a sample and descriptive matter.

The Wm. S. Merrell Chemical Company

New York **CINCINNATI** **San Francisco**

Materia Medica and Clinical Therapeutics.

BY F. J. PETERSEN, M. D.

Printed on good paper and substantially bound in cloth, 400 pages. Price $3.00 prepaid.

The author considers drugs in their entirety; that is for their physiological, secondary and primary effect. This together with useful formulas and other useful information, makes it a work that will be appreciated by all liberal practitioners. It will be found to be a friend in time of need.

The following are selected from the many commendations given this work on Materia Medica and Clinical Therapeutics:

The work is a beautiful portrayal of Specific Medication and will be found of great service to the young student who is desirous of learning this great system of therapeutics as well as the old physician who likes a good thing and wants to know more about it. Modern Eclecticism.

After once becoming familiar with it, it will be found a good friend in time of need. The Los Angeles Journal of Eclectic Medicine.

This book is unique in that it presents so many totally distinct sections and considers both Eclectic and Homoeopathic therapeutics, though separately treated. Taken altogether it is a small cyclopedia of useful therapeutic memoranda and deserves ot be on the book-shelve of both Eclectic and Homoeopathic practitioners. Eclectic Medical Gleaner.

The book is both original and practical, hence must prove useful.
The Pacific Coast Journal of Homoeopathy.

The book shows a great amount of research and will serve both Eclectic and Homoeopathic physicians equally well. Eclectic Medical Journal.

His style and diction is quite original and we feel sure it will pay you to buy the book. The Eclectic Review.

The specific indications of all the drugs are certainly presented very thoroughly and practically. This is written for the Eclectic school and will be found a valuable acquisition to our literature.
The Chicago Medical Times.

It deals not only with Eclectic Materia Medica, but with the old school and Homoeopathic remedies as well. California Medical Journal.

The most knowledge in a limited space is demanded everywhere and it will be found that these are the only kind of books that will be read. I congratulate you and bespeak for your book a worthy support.
Albert J. Atkins, M. D.

It is most suggestive and helpful when one is wondering what next to do. I would not part with mine for three times its cost.
James Beard, M. D.

The work is a credit to the school you represent. I can commend the work to every physician whatever his doctrine as to drug action or political divisions. Herbert T. Webster, M. D.

While the work is broad in its scope, it does not neglect the essentials but has kept the size in convenient bounds by ommitting much useless data which so often encumbers the text books. Wm. C. Bailey, M. D.

If you want the latest, get Dr. Petersen's Materia Medica and Clinical Therapeutics. Address,

The California Medical Journal

970 Dolores Street **San Francisco, Cal.**

CALIFORNIA MEDICAL JOURNAL

D. Maclean, M. D., Editor.

F. C. Maclean, M. D., Mgr.

Published Monthly, $1.50 per year.

964 Dolores St., San Francisco, Cal.

Editorial.

CALIFORNIA MEDICAL COLLEGE.

The California Medical College was organized in 1878. The first course of lectures was delivered in Oakland in 1879. Yearly lectures were continued in Oakland until 1887, when the College was moved to San Francisco. Yearly lectures were delivered in San Francisco until April 18th, 1906, when the College building was destroyed by fire. In the meantime the College fell into the hands of weak-kneed men, lacking force and public spirit. Men who could destroy but could not build. Men who would not trust one another, or retain the confidence or respect of the public.

The California Medical College now, after a successful period of twenty-seven years, has been removed to Los Angeles, and we predict a successful career in the metropolis of the South. It starts without any handicap. The present management has only to comply with the present admission requirements and fulfil the necessary teaching hours, which shall not be less than 4000 hours, and success will crown their efforts. The Eclectic school is the only school that teaches Materia Medica. The old school is purely nihilistic in its application of medicine to diseased conditions, or it uses outrageous combinations, without the least regard to physiological knowledge.

The California Medical College will commence its twenty-eighth session in the city of Los Angeles, on the first Monday in October, 1907.

For information address, Dr. J. A. Munk, Grant Building, Los Angeles, California.

MEDICAL LEGISLATION.

For the regulation of the practice of medicine, State laws should be uniform. The different associations of Medical Colleges should unite on a uniform standard of admission, curricula of hours and studies, and requisites for graduation. All colleges should be under State control. Diplomas should be evidence of attainments and sufficient qualification to register in any State. A diploma issued in Maine should entitle the possessor to register in California.

Our medical laws are worse than the worst trade union laws. In trade unionism a card entitles the possessor to pursue his vocation and earn his living. A medical diploma carries no such right or privilege. The medical practitioner must appear before a medical board and be brow-beaten and insulted as if possessed of no rights worthy of respect.

Our State has the poorest excuse of any. The applicant for a license to practice his profession is examined on everything but medicine and surgery. He is allowed to register if he

passes a technical examination in collateral branches. No practical knowledge is required. A man who has memorized his quiz compends can pass the required examination without any practical knowledge.

Dr. J. T. Keegan is leaving a lucrative practice at Alamo, Lower California, he would like to communicate with any one desirous of locating in that part of Mexico.

Graduates of the California Medical College whose diplomas were burned communicate at once with Dr. J. B. Mitchell, 1913 Van Ness Ave., San Francisco.

Dr. O. C. Welbourn of Los Angeles, made a few days stay in the city on his way to Lake Tahoe. The doctor is a disciple of Walton, and the editor is beginning to taste the moutain trout in his imagination.

Drs. Munk and Welbourn were in the city arranging to remove the California Medical College to Los Angeles.

Dr. Nelson has been rusticating at Soda Springs, Lake county. The Switzland of America.

Dr. Cornwall has been on a vacation on his ranch, teaching his superintendent how to raise alfalfa. The doctor is one of the best agriculturists in the State; he makes his money in the city, and spends it in the country.

Dr. J. P. Dougall was in town early in August for the State Board Examinations.

Dr. Bryant of Truckee, made us a pleasant call and reports the speckeled beauties of the Truckee river and vicinity saucy and plenty.

Dr. N. B. Hascall, from Fallon, Nevada, came down to breathe the ozone that wafts in from the Pacific and get rid of the sage brush alkali.

Dr. Forester is on a trip to Nevada. On his return we expect the Forester Ne Plus Ultra mine to overshadow the Goldfield Consolidated.

Dr. Lamb is building a Sanatorium in Mill Valley on the brow of Mount Tamalpias. It is an ideal situation for a health resort. We bespeak the greatest success for the enterprise. The doctor is one of the most successful graduates of the California Medical College.

Dr. Percy Hamilton and Mrs. Hamilton of Chico, have returned from a trip to the Eastern States.

Dr. Charles Clark has been appointed on the Hospital Emergency Staff of the city. The doctor will give a good account of himself.

Dr. G. A. Meracle has opened an office at Fresno, Cal.

Dr. Flexner of the Rockfeller Institute for Medical Research has been making experiments with the serum treatment of cerebro spinal meningitis. So far it has been tried only on animals, but the results promise well.

His first experiments on guinea pigs were made with goat's serum. A female goat had been injected twice

with cultures from several sources for a period of two weeks.

By using large injections the doctor saved the pigs. When the goat which had been infected with meningitis died the serum obtained from it was found to have both preventive and curative properties.

The serum from monkeys protected guinea pigs from what otherwise would have been fatality from the disease germs.

The serum of an infected horse also rendered the guinea pigs immune. Dr. Flexner got an anti-serum from rabbits which, if injected immediately had high protective properties against the disease. A considerable number of guinea pigs were killed by meningitis in the course of the experiments.

ALOPECIA.—E. S. McKee, in the *Lancet-Clinic*, states that the first step is to cleanse the scalp, and to remove some of the inflammatory exudates. The next step is to apply some antiseptic medication which should not only cover the scalp, but also penetrate into the hair follicles. Through this cleansing process and disinfecting the natural oil of the scalp will be removed and the third step consists in replacing it. Vaselin or lanolin in which some antiseptic has been incorporated is rubbed into the scalp daily for from one to six weeks, then every other day for a similar time, then twice a week, and then once a week.

Chrysarobin is one of the best remedies in this condition. It is best applied in six per cent. ointment with vaselin or lanolin as a base. It is applied daily for a week or two, then discontinued to see if the progress of the disease has been checked. If lanugo hairs do not appear, or if the hairs in the periphery of the patch can be pulled out easily the treatment should be resumed. This remedy should not be used near the eyes. The author asserts that lactic acid, 50 per cent. in water or alcohol, gives good results. The affected parts are first freed from oil with alcohol or ether; then the remedy is applied on a swab till the skin becomes red. The following combination is useful:

R Thymolis, oz. ss. 15.
Ol. ricini,
Ol. amygdalæ dul., aa oz. ij. 60
M. Sig. Apply to the scalp.

As recovery is often spontaneous, it is difficult to determine the exact value of the remedies used. Internally, arsenic, cod liver oil and similar tonics should be given when indicated, in connection with regulation of the diet and physical and mental hygiene. To prevent baldness the following may be used:

R Pilocarpinæ hydrochloridi, gr. v. 33.
Ol. rosæ, gr. viij. 50.
Ol. rosmarini,
Tinct. cantharidis, aa oz. ss. 15
Glycerini, oz. j. 30.
Ol. amygdalæ dull., oz. ij. 60.
Spir. camphoræ, dr. xxiv. 96.

M. Sig. Rub well into the scalp night and morning.

In alopecia prematura, Stelwagon, "Diseases of the Skin," states that the patient's general health and the condition of the scalp must be con-

sidered. Of general tonics he mentions arsenic, cod liver oil, strychnin, iron and the hypophosphites. The external treatment is the essential part. In cases in which eczema seborrhoicum or seborrhœa is present, or is the cause of the alopecia, treatment must be directed against this alone, and when this condition is removed the usual applications in uncomplicated cases of loss of hair can be utilized. One of the most valuable remedies is resorcin, but Stelwagon warns against using this drug, except cautiously, for patients with white or gray hair, as it stains the hair, giving it a dingy yellow tinge. Stelwagon recommends the following:

R Resorcini, dr. j-ij. 4-8.
Ol. tiglii, *m* iv-xx. 26-1.33.
Ol. ricini, *m* x-xxx. 65-1.90.
Alcoholis vel.,
Spir. myrciæ, aa oz. iv. 120.

M. Sig. Apply to scalp. night and morning.

In alopecia areata, Stelwagon advises giving arsenic internally in the form of Fowler's solution, in doses of from three to five drops (0.2 to 0.33.) three times daily. Nux vomica and the following:

R Sulphuris precipitatis, dr. j-ij. 4-8.
Beta-naphthol, gr. xxx- dr. j. 2-4.
Adeps lanæ, dr. ij. 8.
Petrolati liq., q. s. ad oz. j. 30.

Ft. ungt. Sig. Rub well into scalp once daily.

The remedial application should always be carried one-quarter or one-half inch beyond the border of the affected area.

If there are but two or three areas, Stelwagon states that the stronger remedies may be employed. Of these he recommends an ointment of chrysarobin, from 10 to 60 grains to the ounce of lard or vaselin, well and energetically rubbed in.

Hyde and Montgomery, "Diseases of the Skin," recommend the following formula:

R Ol. ricini, fl. oz. ss. 15.
Phenol (acidi carbolici), dr. j. 4.
Tinct. cantharidis, fl. oz. ss. 15.
Ol. rosmarini, gtt. xv. 1.
Alcoholis, q. s. ad fl. oz. iv. 120.

M Sig. Apply to the scalp.

Jackson has recommended a pomade made by boiling down a stated quantity of the fluid extract of jaborandi to one-half its volume and adding to this four parts of lard. This is rubbed into the scalp twice daily. Jackson also recommends a lotion of corrosive sublimate gr. 1½ (0.1) to the ounce of water, not on account of its parasiticide qualities, but solely on account of its stimulating effect.

All the preparations in common use in this condition possess both parasiticide and stimulating properties.—*New England Monthly.*

Buttermilk Feeding.

The use of buttermilk as an infant food is recommended by H. C. Carpenter, Philadelphia (Journal A. M. A.), who reports twelve cases of babies with infantile atrophy, gastro-enteritis etc., in whom he had generally good

results from the use of the following mixture: Buttermilk, 1 quart; wheat flour, 3⅓ teaspoonfuls; granulated sugar, 15 teaspoonfuls. The ingredients were carefully mixed, heated up to the boiling point but not boiled and then rapidly cooled and kept till used. Full directions are given for the preparation, precautions against curdling, etc. The cases were not selected as likely to do well, but in every case regular milk mixtures had been tried and failed before the buttermilk feeding was begun. The ages ranged from 1 to 15 months; the average gain in weight during the use of buttermilk was eight ounces a week. Carpenter remarks the advantage of cheapness in the buttermilk feeding and believes it a most excellent food for infants suffering from intestinal indigestion, enteritis and marasmus. He has observed no unpleasant effects from its use; children almost invariably take it well. A few, when first put on the diet, vomited slightly, but, with one exception, this ceased in a day or two. The point he specially emphasizes is that the success is not so much due to the absence of fat as to the great ease with which the proteid of buttermilk is digested. He has observed this in almost every case. Several of the infants who were unable to digest 0.75 per cent. of calcium casein digested perfectly the 2 or 3 per cent. of casein lactate in the buttermilk.—*Medical Sentinel.*

DIABETIC PHTHISIS.—Thorspecken has had considerable experience with diabetics suffering from pulmonary affections, and has found that careful treatment gives excellent results. The diabetics should be treated with the same energy as without the pulmonary complications. In one case a tuberculous affection of the larynx healed as the patient, a man, was cured of the glycosuria. He has since been in comparative health for sixteen years. In another case a belateral tuberculous process in the upper lobes with much emaciation was so much improved under treatment of the diabetes that the patient, a physician, was able to resume his practice and has gained nearly twelve pounds in weight. In another case the tuberculous process was primary, and in a long latent stage when the onset of the diabetes made it flare up again. The course of this case shows how neglect of the diabetes in an active tuberculosis soon avenges itself, and it also shows the benefit on the turberculous infection of effectual treatment of the diabetes.—*New England Medical Monthly.*

PAIN—This is the condition we are most often called upon in a hurry to relieve. Our therapeutic measures employed will be gauged by the cause, location, severity, etc. A hot water bag should always be accessible. Hypodermics of morphine should be used as sparingly as possible. Papine is an excellent pain-reliever that is devoid of the danger and unpleasantness of ordinary opiates. It relieves pain promptly, but does not produce narcosis, constipation, etc.

W. T. MARRS, M. D.

In the Medical Herald.

THE USE OF ADRENALIN DURING ETHER ANESTHESIA.

BY CHARLES S. VENABLE, M.D.,
CHARLOTTESVILLE, VA.

From the Virginia Medical Semi-Monthly, February 22, 1907.

Recognizing that my experience in the use of Adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

I found that 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the Adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are a more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long tedious operations, lasting over two hours, and in none of the series was any stimulation required during the anesthesia.

Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases; only two patients vomited at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better æration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia and there is less probability of ether pneumonia following. The Adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much weakened patient.

ANTIPHLOGISTINE VERSUS OPIUM.

Inflamed states of the various organs of the body frequently give rise to pain of such urgent character as to demand active steps looking to its relief. Upon seeing the patient for the first time (he has called his physician because his suffering has become intolerable), the medical attendant is met with a peremptory demand for relief from the suffering.

With a willingness, which frequently overrides their better judgment, some physicians resort to the hypodermic needle indiscriminately, and, in too many cases, a greater evil has followed the lesser one. The free habit of using

morphine or some other form of opium is not a judicious practice, and for several reasons. The exact seat of an inflammation, for instance, might become difficult to locate, and thus a clear diagnosis interfered with. But the greater objection to the use of opium is the possibility of adding a recruit to the ever growing army of habitues.

Every time there occurs to a doctor the apparent need for opium he should deliberate well before resort is had to the needle. If, after careful consideration, his best judgment advises the use of opium, it should be given in some form by mouth. If the needle is used the patient at once knows what he is getting, but he is not so likely to acquire this information if it be given otherwise.

For relieving the pain of the inflammations Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete, but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way, which likelihood is the greatest disadvantage of opium.

In the future let your morphine become stale, and keep your Antiphlogistine fresh—use it in inflammation. —*The Medical Era.*

Who cannot be cured should be insured.—*The Medical Mirror.*

pleasing to the taste will meet with much more favor at the hands of physicians than another of equal potency but less palatable.

This rule is especially applicable in the case of preparations containing cod-liver oil, a remedial agent that will long continue to be a favorite with physicians. The many pathologic conditions that will respond only to cod-liver oil, showing its great worth, have put chemists on their metal to prepare combinations in which are incorporated all of the virtues of the oil with the disagreeable features eliminated.

Hagee's cordial of the extract of cod-liver oil compound long ago won the favor of the medical profession and deservedly so too. This cordial possesses marked advantages as a cod-liver oil product and its superiority over ordinary cod liver oil is due to its palatability. Its administration may be continued over indefinite periods of time. A stomach that would quickly revolt against the pure oil or imperfectly prepared combinations containing it, will accept Hagee's cordial without any evidence of distress.—*The Medical Era.*

It is well to remember that not all ulcers of the stomach are characterized by the classical symptoms of pain, vomiting and hemorrhage. Many patients presenting "dyspeptic" symptoms of only mild grade are afflicted with this disease and such cases may easily be diagnosed as functional disorders until the persistence of the symptoms leads one to suspect the graver malady.—*American Journal of Surgery.*

A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is **"Syrup of Figs and Elixir of Senna."**

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs . . . . . 75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only . 25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

CALIFORNIA FIG SYRUP CO.

ADDRESSES:

San Francisco, Cal.

Louisville, Ky. **U. S. A.** **New York, N. Y.**

THE PHYSICIAN'S VIBRAGENITANT

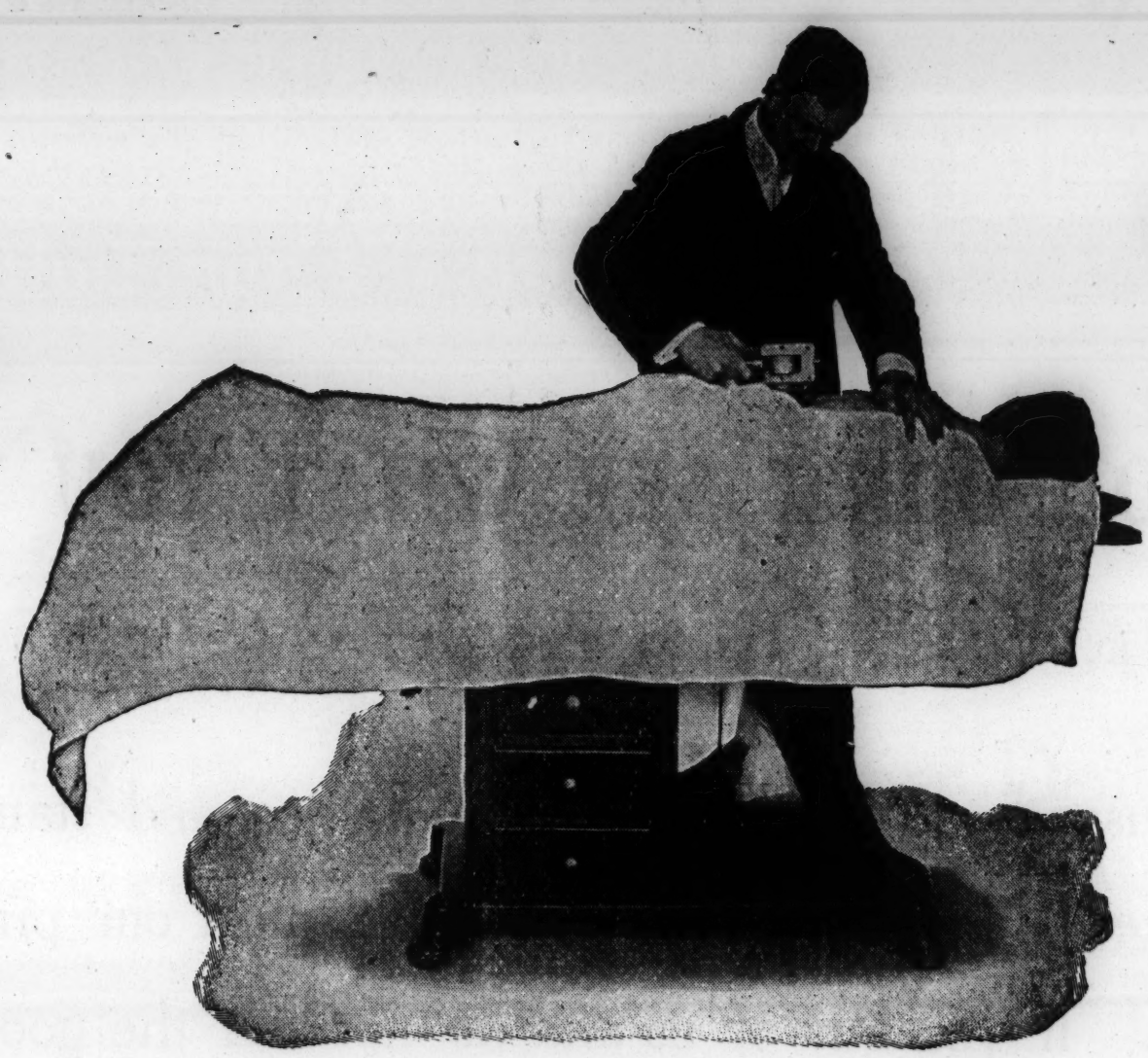
AND

FLUID VIBRATODES

$45.00

to

$75.00



Delivered

to

you

Liberal Terms of Payment

Spinal Treatment with Cushion Ball No. 4

For three years clinical results have been proving our claims for .....deep penetration by high frequency vibrations and not by force and pressure. Hundreds of physicians using the Vibragenitant and Fluid Vibratodes for sensitive parts, write us, that they have used many other vibrators before obtaining ours, and that the Vibragenitant with its true vibrations produces the best therapeutic results.

THAT IS WHAT IT IS FOR—RESULTS.

Our 1907 Catalog is full of facts

about vibration and vibrators and will be sent you FREE, on request.

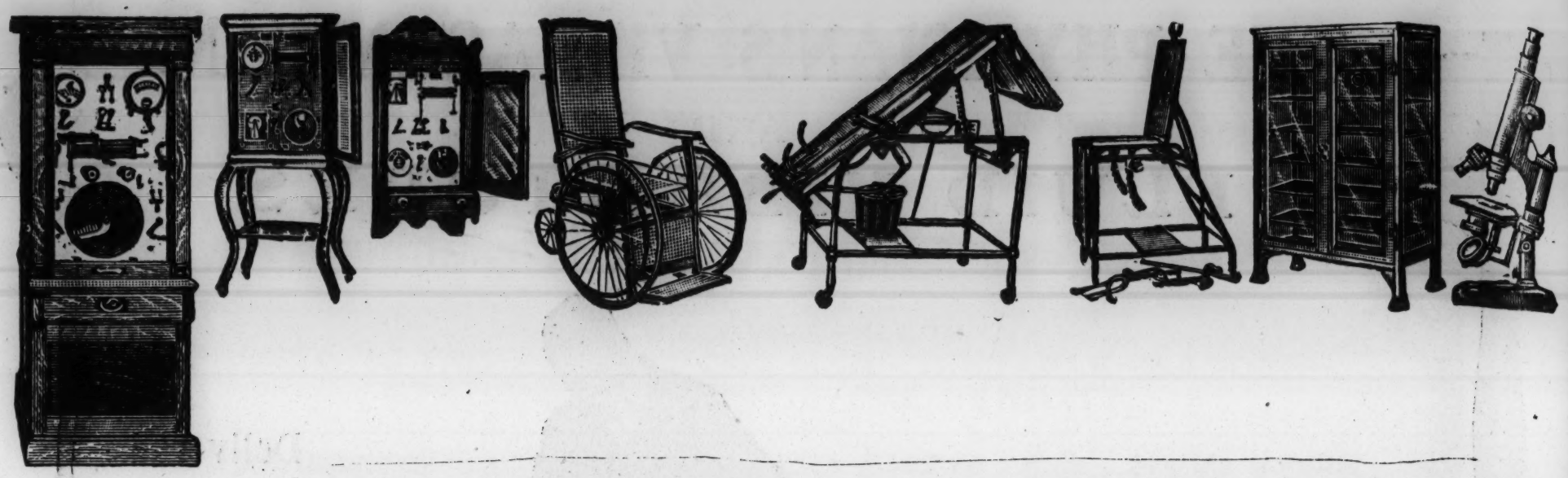
CAN YOU AFFORD NOT TO INVESTIGATE?

THE SAM J. GORMAN CO.

MANUFACTURERS

VIBRATORY AND ELECTRICAL SPECIALTIES

161-163 So Canal St. **Chicago**



IF YOU DON'T SEE WHAT YOU WANT

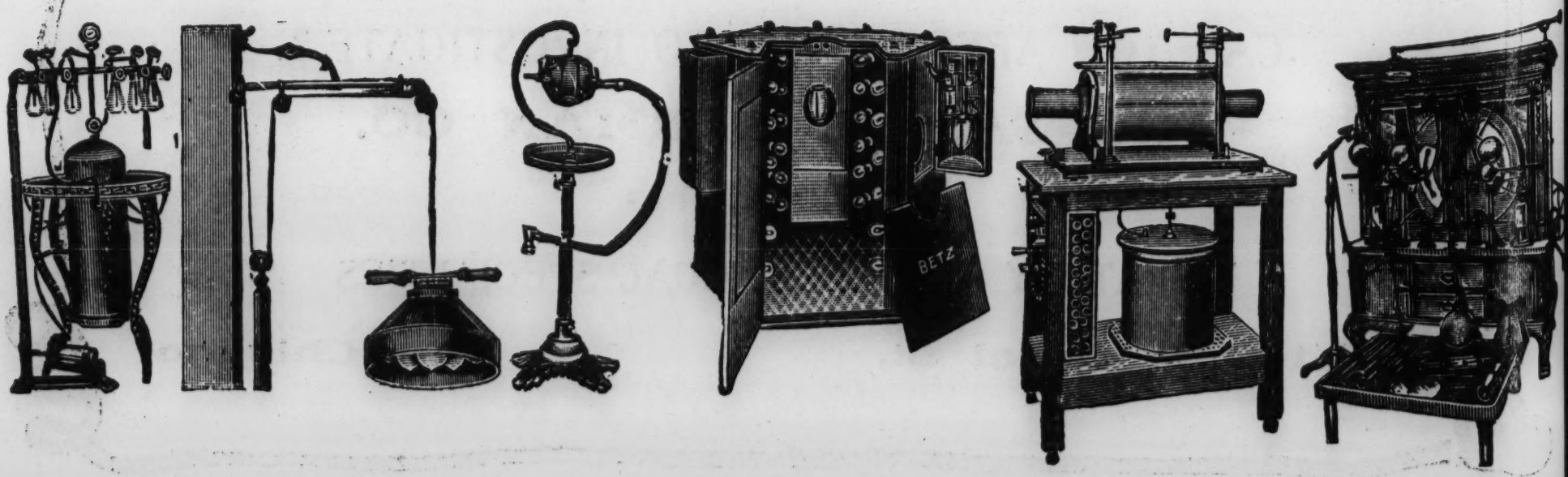
WRITE US

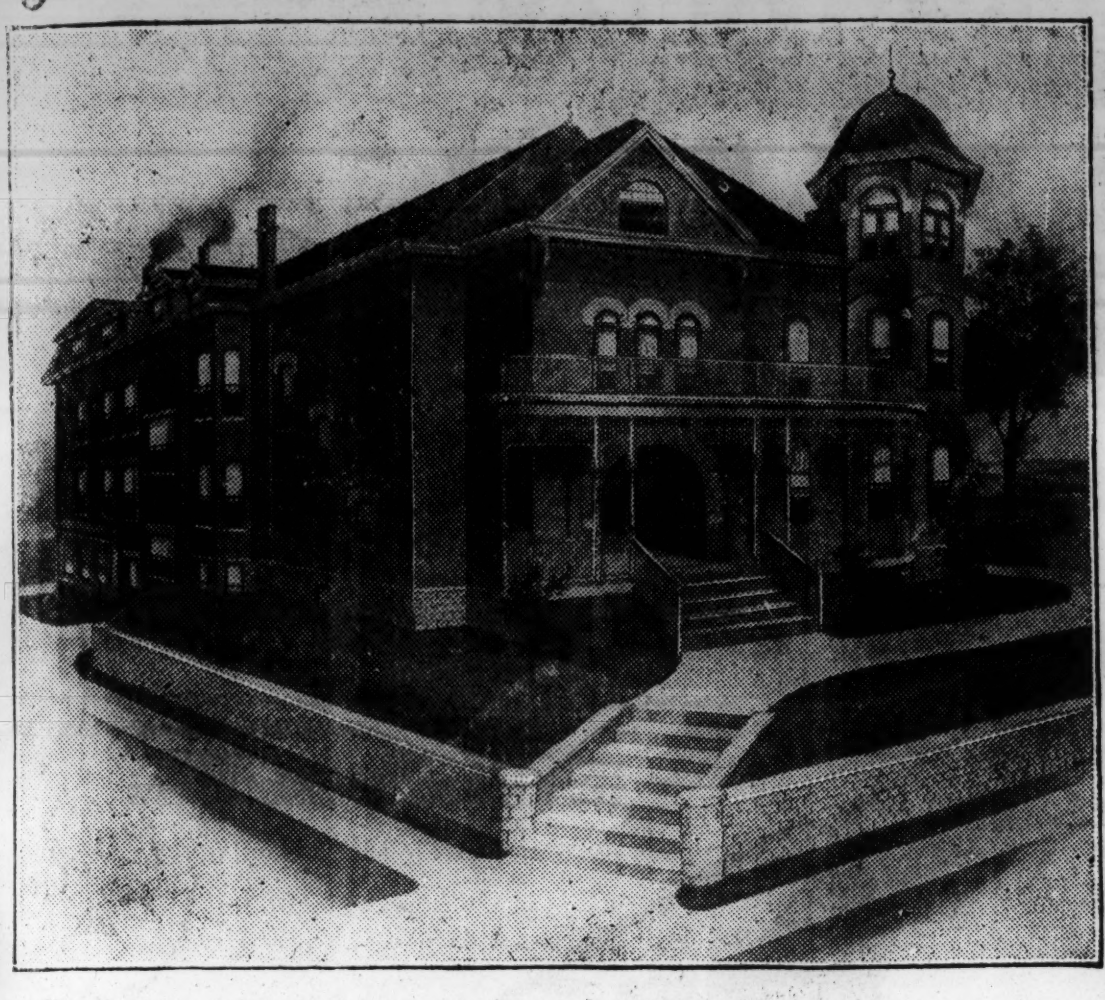
We make thousands of articles. We guarantee and stand back of ever thing we make. No firm in the world can meet our prices on the sam class of goods. If you buy of us and do not find the goods equal to wha any other firm in America could sell you at their high price, send it back.

SEND FOR OUR NEW CATALOGUE.

FRANK S. BETZ CO.

HAMMOND, IND.





The Ralph Sanitarium

For the Treatment of

Alcoholism and Drug Addictions

THE method of treatment is new and very successful, The withdrawal of the drug is not attended by any suffering, and the cure is complete in a few weeks' time. The treatment is varied according to the requirements of each individual case, and the restoration to normal condition is hastened by the use of electricity, massage, electric light baths, hot and cold tub and shower baths vibratory massage, and a liberal well-cooked, digestible diet. A modern, carefully conducted home sanitarium, with spacious surroundings, and attractive drives and walks. Electro- and Hydro-therapeutic advantages are unexcelled. Trained nurses, hot water heat, electric lights. Special rates to physicians. For reprints from Medical Journals and full details of treatment, address

DR. B. B. RALPH 529 Highland Avenue **Kansas City, Mo.**

---

60 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS &C.

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. HANDBOOK on Patents sent free. Oldest agency for securing patents.

Patents taken through Munn & Co. receive *special notice*, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, $3 a year; four months, $1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, **New York**
Branch Office, 625 F St., Washington, D. C.

SAL HEPATICA

The original effervescing Saline Laxative and Uric Acid Solvent. A combination of the Tonic, Alterative and Laxative Salts similar to the celebrated Bitter Waters of Europe, fortified by addition of Lithia and Sodium Phosphate. It stimulates liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in rheumatism, gout, bilious attacks, constipation. Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

Write for free samples.

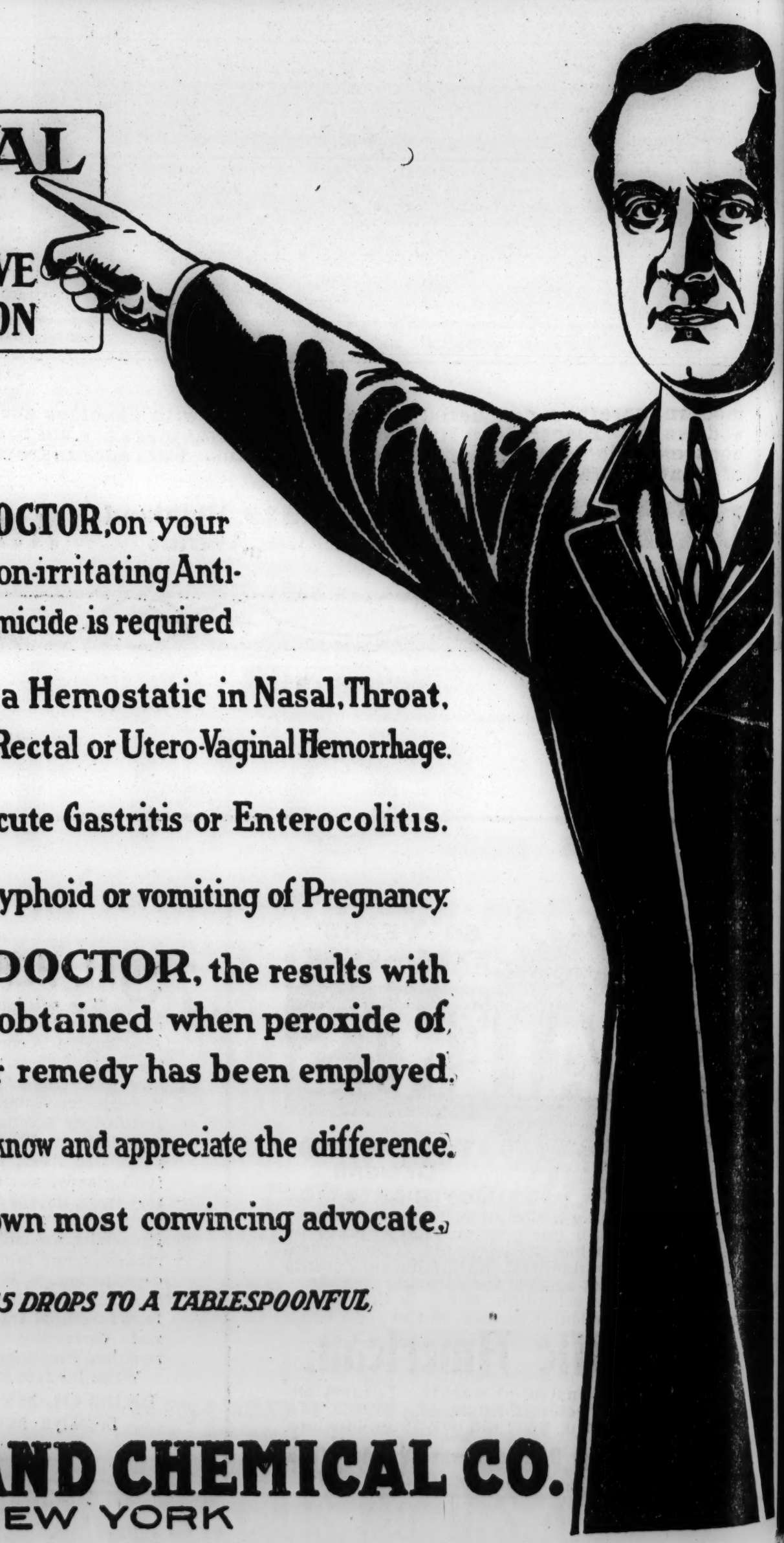
BRISTOL-MYERS CO.
Brooklyn - New York.

THE COMPLETE THERAPEUTIC VALUE OF THE H_2O_2 SOLUTIONS IS ONLY ATTAINED IN

Dioxogen

H_2O_2 3%

CLINICAL TEST ONLY CAN PROVE THIS ASSERTION



USE DIOXOGEN, DOCTOR, on your next case where a non-irritating Antiseptic, Deodorant or Germicide is required

USE DIOXOGEN as a Hemostatic in Nasal, Throat, Stomach, Intestinal, Rectal or Utero-Vaginal Hemorrhage.

USE DIOXOGEN in acute Gastritis or Enterocolitis.

USE DIOXOGEN in typhoid or vomiting of Pregnancy.

COMPARE, DOCTOR, the results with what has been obtained when peroxide of hydrogen or other remedy has been employed.

USERS of **DIOXOGEN** know and appreciate the difference.

DIOXOGEN is its own most convincing advocate.

DOSE INTERNALLY 15 DROPS TO A TABLESPOONFUL

THE OAKLAND CHEMICAL CO.
NEW YORK

Eclectic Medical Books

All of the Books below are listed at strictly net Prices.

COOPER, WM. COLBY,	Tethered Truants, 12mo, 200 pages, cloth	$1 00
do do	Immortality, 12mo, 173 pages, cloth	1 00
do do	Preventive Medicine, 147 pages, cloth	1 00
ELLINGWOOD,	Materia Medica and Therap., 8vo, 811 pp. cloth, $5.00; sheep,	6 00
FARNUM,	Orthopedic Surgery, 8vo, 554 pp. cloth	5 00
FELTER-LLOYD,	American Dispensatory, 2 vols. each, cloth, $4.50; sheep,	5 50
FOLTZ,	Diseases of the Eye, 12mo, 566 pp, cloth	2 50
do	Nose, Throat and Ear Illustrated. 12mo., 650 pages, cloth.	3 50
FYFE,	Materia Medica and Therapeutics, 12mo, 344 pp. cloth	2 00
GOSS.	The Practice of Medicine, 8vo, 569 p . cloth	1 50
HOWE.	Fractures and Dislocations, 8vo, 426 pp. cloth, $1.50; sheep,	2 00
do	Operative Gynecology 8vo. 360 pp. sheep	4 00
KING.	Family Physician, 8vo, 1042 pp. morocco	6 50
do	Chronic Diseases, 8vo, 1700 pp. sheep	8 50
do	Am. Dispensatory (Felter-Lloyd), 2 vols, each, cloth, $4.50; sheep,	5 00
do	Eclectic Obstetrics, 8vo, 757 pp. sheep	5 50
do	Diseases of Women, 8vo, 366 p . cloth $1.50; sheep,	2 00
LLOYD.	Etidorhpa, 8vo, illustrated, 362 pp. cloth	1 50
do	The Right Side of the Car, paper	50
do	Stringtown on the Pike, 12mo, cloth	1 50
do	Warwick of the Knobs, 12mo, 305 pp. cloth	1 50
do	Redhead, illustrated, 12mo, 208 pp. cloth	1 60
do	Scroggins, 12mo, 119 p . cloth	1 50
LOCKE-FELTER.	Materia Medica, 12mo, 500 pp. cloth	2 50
MUNDY.	Diseases of Children, 12mo, 600 pp. cloth	2 50
MUNK.	Arizona Sketches, 8vo, 230 pp. cloth	2 00
NIEDERKORN,	A handy Reference Book to Specific Medication, 151 pp. leath.	1 25
PETERSEN,	Materia Medica and Clinical Therap. 12mo, 400 pp. cloth	3 00
SCUDDER. J. M.	Eclectic Practice of Medicine, 8vo, 816 pp. cloth, $4.50; sh.	5 00
do	Principles of Medicine, 8vo, 350 pp. cloth, $1.50; sheep	2 00
do	Diseases of Women, 8vo, 534 pp. cloth, $2.75; sheep	3 50
do	Specific Medication, 12mo, 432 pp. cloth	2 00
do	Specific Diagnosis, 12mo, 388 pp. cloth	1 50
do	Materia Medica and Therapeutics, 8vo, 748 pp. cloth, $4.00; sh.	4 50
do	Medicated Inhalations, 12mo, 125 pp. cloth	75
do	Eclectic Family Physician, 8vo, 900 pp. cloth, $3; sh. $4; half mor.	5 00
THOMAS,	Eclectic Practice of Medicine Illus. 8vo, 1033 pp., cloth, $6; sh.	7 00
WATKINS,	Compendium of the Practice of Medicine, 12mo, 460 pp cloth,	2 50
WEBSTER,	Eclectic Medical Practice, 2 vols in 1, 8vo, 1233 pp. cl. $6.50; sh.	7 50
WINTERMUTE,	King's Eclectic Obstetrics, 8vo, 757 pp. sheep	5 50
WILDER,	History of Medicine, 12mo, 946 pp. cloth	2 75
WOODWARD,	Intra-Uterine Medication, 12mo, 208 pp. cloth	2 50

Any book on this list will be sent postpaid on receipt of price by

F. C. MACLEAN,

970 Dolores St., SAN FRANCISCO, CAL.

POISONOUS SECRETIONS

CAUSED BY INTEMPERANCE IN DRINKING OR EATING ARE PROMPTLY AND THOROUGHLY EXPELLED BY THE STANDARD ELIMINATIVE

Tongaline

MELLIER — ANTI-RHEUMATIC ANTI-NEURALGIC

QUIETS THE NERVES
PREVENTS TOXAEMIA
REVIVES SLUGGISH ORGANS
STIMULATES RECUPERATION

THE IDEAL PRESCRIPTION FOR DISEASED CONDITIONS CAUSED BY HABITUAL OR PERIODIC ALCOHOLISM

SAMPLES SENT BY EXPRESS PREPAID

MELLIER DRUG COMPANY, 2112 LOCUST STREET, ST. LOUIS

PASSIFLORA

(DANIEL'S CONCT. TINCT.)

When your patient sleeps soundly, his recovery is assured. The primal function of PASSIFLORA is to induce natural rest. Being prepared from the May-pop---a plant of the highest sedative value---PASSIFLORA is the ideal remedy for nervousness and diseases following any derangement of the nervous system, such as Hysteria, Insomnia, Dentition and the period of Pregnancy and the Menopause.

Write for Literature
Sample Supplied, Physician Paying Express Charges.

Laboratory of

John B. Daniel, Atlanta, Ga.